

**Charge Card Program
Annual Supervisor/Reviewer Training Certification**

MEMORANDUM

TO: Charge Card Administration Analyst
Department of Accounts

FROM: _____, Program Administrator

Agency: _____

Agency Number: _____

SUBJECT: **Annual Supervisor/Reviewer Training**

I certify that all employees who review any Purchase Cards or Agency Travel Card monthly reconciliations have completed the required 2006 Supervisor/Reviewer Training. I have maintained on file written documentation as proof from these individuals as required. I understand that it is my responsibility to ensure that all new staff who will have the Supervisor or Reviewer role complete this training.

Number of Cardholders: _____

Number of Supervisors/Reviewer's: _____

Purchase Cards _____ or Agency Travel Cards _____

Signed by the Program Administrator:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Please fax completed form to:

Attention: Charge Card Administration Analyst at (804) 786-9201